

AUTO CR - LOG SUMMARY #1055351

TYPE: INFO

Incident Finding / Overall Case Finding

Description of Incident	Finding	Entered By	Entered Date
Offender [REDACTED] was observed saying "Good Green, Good Green" (common street terminology for cannabis for sale.) Arresting officers approached offender [REDACTED] who fled northbound on 71st street. Offender [REDACTED] became combative in an attempt to defeat his arrest by "wildly flailing his arms and legs." To gain control of offender [REDACTED] PO Normand deployed his taser and offender [REDACTED] was placed into custody. Offender [REDACTED] refused medical treatment from ambulance #50 and was then transported to the 3rd District Station for processing.	(None Entered)		

Reporting Party Information

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee Reporting Party Third Party	SCHNIER, BRIAN T	1273	[REDACTED]	003 /	SERGEANT OF POLICE	M	WHI		

Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
07-JUL-2012 09:00 - 07-JUL-2012 09:00	[REDACTED]	0323	003	304 - STREET	

Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
------	------	----------	---------	-----------	----------	--------	-----------------------------

Other Involved Parties

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee Involved Member	NORMAND, MATTHEW I	5722	[REDACTED]	003 /	POLICE OFFICER	M	BLK		
NON-CPD Victim/Subject	[REDACTED]					M	BLK	[REDACTED]	

Involved Party Associations

Role	Rep. Party Name	Related Person	Relationship
------	-----------------	----------------	--------------

Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N	Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Civil Suit Settled Date:	
Notify Chief Administrator?	N	Notify Chief?	
Notify Coordinator?		Notification Does Not Apply?	Y
Notification Other?	N		
Notification Comments:			

Incident Category List

Incident Category	Primary?	Initial?
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	N	Y
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	Y	Y

Incident Category List

Investigator History

Investigator	Type	Assigned Team	Assigned Date	Scheduled End Date	Investigation End Date	No. of Days
--------------	------	---------------	---------------	--------------------	------------------------	-------------

Extension History

Name	Previous Scheduled End Date	Extended Scheduled End Date	Date Certified Letter Sent	Reason Selected	Explanation	Extension Report Date	Approved By	Approved Date	Approval Comments
------	-----------------------------	-----------------------------	----------------------------	-----------------	-------------	-----------------------	-------------	---------------	-------------------

Current Allegations

Accused Name	Seq. No.	Allegation	Category	Subcategory	Finding
--------------	----------	------------	----------	-------------	---------

Situations (Allegation Details)

Accused Name	Alleg. No.	Situation	Victim/Offender Armed?	Weapon Types	Weapon Other	Weapon Recovered?	Deceased?
--------------	------------	-----------	------------------------	--------------	--------------	-------------------	-----------

Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	31-JUL-2012 05:39	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
CLOSED AT C.O.P.A.	31-JUL-2012 05:39	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
PENDING ASSIGN TEAM	09-JUL-2012 11:32	ROBERTS, GEORGE	SUPERVISING INVESTIGATOR	113 /	
PENDING SUPERVISOR REVIEW	08-JUL-2012 10:28	WILLIAMS, ONETTA	INVESTIGATOR 3 COPA	113 /	
PRELIMINARY	08-JUL-2012 10:27	WILLIAMS, ONETTA	INVESTIGATOR 3 COPA	113 /	
PRELIMINARY	07-JUL-2012 11:31	GONZALEZ, JORGE	POLICE OFFICER	116 /	INITIATED BY SGT SCHNIER Emp No. [REDACTED]

Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
1	FACE SHEET					GONZALEZ, JORGE	07-JUL-2012 11:31			
	DOCUMENTS - INTAKE INCIDENT		3		N	WILLIAMS, ONETTA	08-JUL-2012 10:15	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2		N	WILLIAMS, ONETTA	08-JUL-2012 10:18	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		1		N	WILLIAMS, ONETTA	08-JUL-2012 10:14	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2		N	WILLIAMS, ONETTA	08-JUL-2012 10:19	APPROVED		

Review Incident

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
-------------	------------------------------	-------------	-------------	----------	------	-------------	---------

Review Accused

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
-------------	------------------------------	-------------	-------------	----------	------	-------------	---------

Accused Finding History

Accused Finding History

Accused	Allegation	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Finding	Finding Comments
---------	------------	-------------	--------------------	------	---------	---------	------------------

Accused Penalty History

Accused	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Penalty	Penalty Comments
---------	-------------	--------------------	------	---------	---------	------------------

Findings

Accused Name	Allegations	Category	Concur?	Findings	Comments
--------------	-------------	----------	---------	----------	----------

FACE SHEET (Notification Date: 07-JUL-2012) - LOG #1055351

TYPE: INFO

Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party		1273		003 /	SERGEANT OF POLICE	M	WHI		

Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
07-JUL-2012 09:00 - 07-JUL-2012 09:00		0323	003	304 - STREET	

Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
------	------	----------	---------	-----------	----------	--------	-----------------------------

Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N		
Motor Vehicle (V)?		Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Notify Chief?	
Notify Chief Administrator?	N	Notification Does Not Apply?	Y
Notify Coordinator?			
Notification Other?	N		

Initial Incident Category List

Initial Incident Category	Primary?
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	N
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	Y

Assignment History

Assigned To	Assigned Team	Investigator	Assignment Date/Time	Assigned By	Reason
IPRA	CIVILIAN OFFICE OF POLICE ACCOUNTABILITY	-	07-JUL-2012 23:31	GONZALEZ, JORGE	

Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	31-JUL-2012 05:39	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
CLOSED AT C.O.P.A.	31-JUL-2012 05:39	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
PENDING ASSIGN TEAM	09-JUL-2012 11:32	ROBERTS, GEORGE	SUPERVISING INVESTIGATOR	113 /	
PENDING SUPERVISOR REVIEW	08-JUL-2012 10:28	WILLIAMS, ONETTA	INVESTIGATOR 3 COPA	113 /	
PRELIMINARY	08-JUL-2012 10:27	WILLIAMS, ONETTA	INVESTIGATOR 3 COPA	113 /	
PRELIMINARY	07-JUL-2012 11:31	GONZALEZ, JORGE	POLICE OFFICER	116 /	INITIATED BY SGT SCHNIER Emp No. XXXXXXXXXX



TASER Information		Downloaded By	
Serial #	<i>X00-553326</i>	Name	<i>Brian Schnier</i>
Model #	<i>X26</i>	Dept	<i>Chicago Police</i>
X26 Software Version	<i>22</i>	Rank	<i>Sgt</i>
Dataport CD Version	<i>17.9</i>	Windows Version	<i>Windows XP</i>
Record Date Range	<i>07/07/2012 - 07/07/2012</i>	Report Generated	<i>07/07/12 22:25:30 (local)</i>
Computer Time Zone	<i>Central Standard Time *DST</i>		
Using Daylight Savings Time	<i>Yes</i>		

Recorded Firing Data

Seq	GMT Time	Local Time	Duration	Temp	Battery
0001	Incomplete Time Change Record				
0002	10/25/10 17:56:33	10/25/10 12:56:33	Old Time		
0003	10/25/10 17:56:33	10/25/10 12:56:33	New Time		
0004	04/06/11 14:14:11	04/06/11 09:14:11	Old Time		
0005	04/06/11 14:00:51	04/06/11 09:00:51	New Time		
0006	12/07/00 02:50:58	12/06/00 20:50:58	Old Time		
0007	04/06/12 10:30:58	04/06/12 05:30:58	New Time		
0008	07/08/12 01:59:57	07/07/12 20:59:57	5	24	55

End of Report.

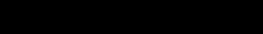



CHICAGO POLICE DEPARTMENT ARREST REPORT


3510 S. Michigan Avenue, Chicago, Illinois 60653
(For use by Chicago Police Department Personnel Only)
CPD-11, 420C (REV. 6/30)

FINAL APPROVAL

CB #: 
IR #: 
YD #: 
RD #: 
EVENT #: 

ARREST REPORTING

Name: 	Res: 	Beat: 322	Male	
	None		Black	
DOB: 			5' 03"	
AGE: 41 years			160 lbs	
POB: Illinois			Brown Eyes	
ARMED WITH Unarmed			Black Hair	
			Afro Hair Style	
			Medium Complexion	

Arrest Date: 07 July 2012 21:00	TRR Completed? Yes	Total No Arrested: 1	Co-Arrests	Assoc Cases
Location: 	Beat: 323		DCFS Ward ? No	
304 - Street			Dependent Children? No	
Holding Facility: District 003 Lockup				
Resisted Arrest? Yes				

	Offense As Cited	Victim
1	720 ILCS 570.0/402-C PCS - POSSESSION - POSS AMT CON SUB EXCEPT (A)(D) Class 4 - Type F	State Of Illinois/Normand#5722
2	10-8-515 SOLICITING UNLAWFUL BUSINESS Class L -	State Of Illinois/Normand#5722
3	720 ILCS 550.0/4-B CANNABIS - POSSESS 2.5-10 GRMS Class B - Type M	State Of Illinois/Normand#5722
4	720 ILCS 5.0/31-1-A RESIST/PC OFF/CORR EMP/FRFTR Class A - Type M	State Of Illinois/Normand#5722
5	725 ILCS 5.0/110-10-A-4 CONDITIONS OF BAIL BOND	State Of Illinois/Normand#5722

Chicago Police Department - ARREST Report

CB #: [REDACTED]

ARREST REPORTING				
Type	Approx. Weight/Quantity	Units	Estimated Street Value	
Suspect Cannabis	3	GRAMS	\$18.00	
Suspect Controlled Substance	.1	GRAMS	\$12.00	

NO WARRANT IDENTIFIED

VICTIM AND COMPLAINANT			
Name: STATE OF ILLINOIS/NORMAND#5722	Beat:321	Injured? No	Deceased? No
Res: [REDACTED]	DOB:	Hospitalized? No	Treated and Released? No
	Age:		
	Comments:		

NO ARRESTEE VEHICLE INFORMATION ENTERED

Confiscated Properties : All confiscated properties are recorded in the e-Track System. This system can be queried by the inventory number to retrieve all official court documents related to evidence and/or recovered properties.
PROPERTIES INFORMATION FOR [REDACTED] NOT AVAILABLE IN THE AUTOMATED ARREST SYSTEM.

Chicago Police Department - ARREST Report

CB #: [REDACTED]

ARREST REPORTING

(The facts for probable cause to arrest AND to substantiate the charges include, but are not limited to, the following)

EVENT# [REDACTED] ***THIS IS AN ARREST BY THE 363 TACTICAL TEAM***

WHILE ON PATROL AT LISTED LOCATION R/O'S OBSERVED OFFENDER SAYING "GOOD GREEN, GOOD GREEN," WHICH IS COMMON STREET TERMINOLOGY MEANING CANNABIS FOR SALE. R/O'S THEN APPROACHED [REDACTED] (OFFENDER) TO CONDUCT A FIELD INTERVIEW. AS R/O'S APPROACHED, [REDACTED] (OFFENDER) FLED NORTH BOUND ON STATE STREET FROM 71ST. R/O'S PURSUED. AS R/O'S ATTEMPTED TO APPREHEND [REDACTED] (OFFENDER), [REDACTED] (OFFENDER) BECAME COMBATIVE AND BEGAN WILDLY FLAILING HIS ARMS AND LEGS IN AN ATTEMPT TO DEFEAT THE ARREST. IN AN ATTEMPT TO GAIN CONTROL OF THE [REDACTED] (OFFENDER), R/O DEPLOYED HIS TASER. OFFENDER WAS THEN PLACED INTO CUSTODY. CUSTODIAL SEARCH OF OFFENDER REVEALED (1) PLASTIC BAGGIE CONTAINING A WHITE ROCK LIKE SUBSTANCE SUSPECT CRACK COCAINE AND (4) ZIPLOCK BAGGIES CONTAINING A GREEN CRUSHED LEAFY SUBSTANCE SUSPECT CANNABIS. OFFENDER WAS THEN MIRANDIZED, AND TRANSPORTED TO THE 003RD DISTRICT STATION FOR FURTHER PROCESSING. ENGINE #47, AMBULANCE #50 RENDERED MEDICAL ASSISTANCE TO [REDACTED] (OFFENDER) WHO REFUSED. SGT. SCHNEIR#1273 NOTIFIED ON SCENE. TRR COMPLETED. OFFENDER'S PERSONAL PROPERTY INVENTORIED# [REDACTED] RECOVERED NARCOTICS INVENTORIED# [REDACTED] AND # [REDACTED] NAME, GIP, TRAPP, INVESTIGATIVE ALERT CHECKS CLEAR. OFFENDER IS ON PAROLE. IDOC NOTIFIED SHARALYN: TRACER # [REDACTED] ADVISED NO WARRANT WILL BE ISSUEDAN WILL NOT ISSUE A WARRANT

Desired Court Date: 01 August 2012
 Branch: 38-2 727 E 111TH ST - Room
 Court Sgt Handle? No
 Initial Court Date: 08 July 2012
 Branch: CBC-1 2600 S CALIFORNIA - Room
 Docket #:

BOND INFORMATION NOT AVAILABLE

ATTORNEY'S NOTICE

I hereby declare and affirm, under penalty of perjury, that the facts stated herein are accurate to the best of my knowledge, information and/or belief.

Attesting Officer: #10189 DUNCAN, N L [REDACTED] 07 JUL 2012 23:51

ARRESTING OFFICER(S)

1st Arresting Officer: #5722 NORMAND, M I [REDACTED] Beat 0363D
 2nd Arresting Officer: #10189 DUNCAN, N L [REDACTED] Beat 0363D

APPROVING SUPERVISOR

Approval of Probable Cause: #517 KINGSLEY, D R [REDACTED] 08 JUL 2012 00:34

CHICAGO POLICE DEPARTMENT
ORIGINAL CASE INCIDENT REPORT3510 S. Michigan Avenue, Chicago, Illinois 60653
(For use by Chicago Police Department Personnel Only)
CPD-11 388(6/03)-C

RD #: [REDACTED]

APPROVAL COMPLETE		
IUCR: 1811 - Narcotics - Poss: Cannabis 30gms Or Less		
2027 - Narcotics - Poss: Crack		
Occurrence Location: 303 - Sidewalk	Beat: 0323	Unit Assigned: 0363D RO Arrival Date: 07 July 2012 21:00
Occurrence Date: 07 July 2012 21:00	# Offenders: 1	

VICTIM - Government	
Name: CHICAGO POLICE DEPARTMENT 7040 S Cottage Grove Ave Chicago, Illinois	Contact Person: [REDACTED]
CPD Officer: No	Beat: 0321
Other Communications and Availability	
Residence Phone: [REDACTED]	
Available Time 08:00:00 - 23:00:00	

SUSPECT #1		Demographics
Name: [REDACTED]	Beat: 0322	Male Black 5'03, 160 lbs , Brown Eyes Black Hair Afro Hair Style Medium Complexion
Res: [REDACTED]		DOB: [REDACTED] Age: 41 years Birth Place: Illinois

Flash Message	
Victim Information Provided	Flash Message Sent ? No

Chicago Police Department - Incident Report

RD #: [REDACTED]

Type: Cocaine/Crack

Taken/Stolen? No

Weight: .2 Grams

Packaging: Knotted Plastic Bag(S)

Recovered? Yes

Owner: Wendell White

Quantity: 1

Type: Cannabis/Generic

Taken/Stolen? No

Weight: 3 Grams

Packaging: Zip-Lock Plastic Bag(S)

Recovered? Yes

Owner: [REDACTED]

Quantity: 4

EVENT# [REDACTED] IN SUMMARY, WHILE ON PATROL AT LISTED LOCATION R/O'S OBSERVED [REDACTED] (OFFENDER) SAYING "GOOD GREEN, GOOD GREEN," WHICH IS COMMON STREET TERMINOLOGY MEANING CANNABIS FOR SALE. R/O'S THEN APPROACHED [REDACTED] (OFFENDER) TO CONDUCT A FIELD INTERVIEW. AS R/O'S APPROACHED, [REDACTED] (OFFENDER) FLED NORTH BOUND ON STATE STREET FROM 71ST. R/O'S PURSUED. AS R/O'S ATTEMPTED TO APPREHEND [REDACTED] (OFFENDER), [REDACTED] (OFFENDER) BECAME COMBATIVE AND BEGAN WILDLY FLAILING HIS ARMS AND LEGS IN AN ATTEMPT TO DEFEAT THE ARREST. IN AN ATTEMPT TO GAIN CONTROL OF THE [REDACTED] (OFFENDER), R/O DEPLOYED HIS TASER. OFFENDER WAS THEN PLACED INTO CUSTODY AND MIRANDIZED. CUSTODIAL SEARCH OF OFFENDER REVEALED (1) PLASTIC BAGGIE CONTAINING A WHITE ROCK LIKE SUBSTANCE SUSPECT CRACK COCAINE AND (4) ZIPLOCK BAGGIES CONTAINING A GREEN CRUSHED LEAFY SUBSTANCE SUSPECT CANNABIS. OFFENDER WAS NEXT TRANSPORTED TO THE 003RD DISTRICT STATION FOR FURTHER PROCESSING. ENGINE #47, AMBULANCE #50 RENDERED MEDICAL ASSISTANCE TO WENDELL WHITE(OFFENDER) WHO REFUSED. SGT. SCHNEIR# 1273. NOTIFIED ON SCENE. TRR REPORT COMPLETED COURT 38-2 01AUG12, CHARGES SOLICITING UNLAWFUL BUSINESS MCC 10-8-515, RESISTING POLICE OFFICER OR AIDING ESCAPE MCC 2-84-300-A, PCS - POSSESSION - POSS AMT CON SUB EXCEPT (A)(D) 720 ILCS 570.0/402-C, CANNABIS - POSSESS 2.5-10 GRMS 720 ILCS 550.0/4-B. OFFENDER'S PERSONAL PROPERTY INVENTORIED# [REDACTED] RECOVERED NARCOTICS INVENTORIED# [REDACTED] AND # [REDACTED]

	Star No	Emp No	Name	User	Date	Unit	Beat
Reporting Officer	10189	[REDACTED]	DUNCAN, Nicholas, L	[REDACTED]	07 Jul 2012 22:56	003	03630

Victim	IUCR	Crime	Offender
CHICAGO POLICE DEPARTMENT	1811	Narcotics - Poss: Cannabis 30gms Or Less	[REDACTED]
CHICAGO POLICE DEPARTMENT	2027	Narcotics - Poss: Crack	[REDACTED]

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 07-JUL-2012		TIME 21:00:00		2. ADDRESS OF OCCURRENCE [REDACTED]			3. LOCATION CODE 304		4. BEAT/OCCUR 0323																				
MEMBER INVOLVED 2 <input type="checkbox"/>	5. POSITION 9161		6. LAST NAME NORMAND		7. FIRST NAME MATTHEW I		8. STAR NO. 5722		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE BLK		11. AGE [REDACTED]		12. HT. 602		13. WT. 195												
	14. DATE OF APPT. 27-NOV-2006			15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT 003 0363D		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No																	
	20. LAST NAME [REDACTED]			21. FIRST NAME [REDACTED]			22. M.I. [REDACTED]		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE BLK		25. O.O.B. [REDACTED]		26. HT. 503		27. WT. 160												
	28. ADDRESS [REDACTED]			29. TELEPHONE NO. [REDACTED]			30. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No																		
SUBJECT INFORMATION 3 <input type="checkbox"/>	33. WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED]			34. BY WHOM? CFD #47			35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input checked="" type="checkbox"/> 05 Refused Medical Aid																						
	36. CHARGES PLACED 725 ILCS 5.0/110-10-A-4, 720 ILCS 5.0/31-1-A, 720 ILCS 550.0/4-B, 10-B-515, 720																												
REASON FOR USE OF FORCE (Check all that apply) 4 <input type="checkbox"/>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:10%;">SUBJECT'S ACTIONS</th> <th style="width:15%;">PASSIVE RESISTANCE</th> <th style="width:15%;">ACTIVE RESISTANCE</th> <th style="width:15%;">ASSAULT-ASSAULT</th> <th style="width:15%;">ASSAULT-BATTERY</th> <th style="width:15%;">ASSAULT-DEADLY FORCE</th> </tr> <tr> <td>DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____</td> <td>FLED <input checked="" type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER _____</td> <td>IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER _____</td> <td>ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____</td> <td>USE OF FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____</td> </tr> </table>																		SUBJECT'S ACTIONS	PASSIVE RESISTANCE	ACTIVE RESISTANCE	ASSAULT-ASSAULT	ASSAULT-BATTERY	ASSAULT-DEADLY FORCE	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____	FLED <input checked="" type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER _____	IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER _____	ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____	USE OF FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____
	SUBJECT'S ACTIONS	PASSIVE RESISTANCE	ACTIVE RESISTANCE	ASSAULT-ASSAULT	ASSAULT-BATTERY	ASSAULT-DEADLY FORCE																							
DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____	FLED <input checked="" type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER _____	IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER _____	ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____	USE OF FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____																									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:10%;">MEMBER'S RESPONSE</th> <th style="width:15%;">MEMBER PRESENCE</th> <th style="width:15%;">OPEN HAND STRIKE</th> <th style="width:15%;">ELBOW STRIKE</th> <th style="width:15%;">KNEE STRIKE</th> <th style="width:15%;">FIREARM</th> </tr> <tr> <td>VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON WAUTHORIZATION <input type="checkbox"/> OTHER _____</td> <td>TAKE DOWN / EMERGENCY HANDCLIPPING <input type="checkbox"/> OC/CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input checked="" type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____</td> <td>CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER _____</td> <td>KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/></td> <td>OTHER _____</td> </tr> </table>																		MEMBER'S RESPONSE	MEMBER PRESENCE	OPEN HAND STRIKE	ELBOW STRIKE	KNEE STRIKE	FIREARM	VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON WAUTHORIZATION <input type="checkbox"/> OTHER _____	TAKE DOWN / EMERGENCY HANDCLIPPING <input type="checkbox"/> OC/CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input checked="" type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____	CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER _____	KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>	OTHER _____	
MEMBER'S RESPONSE	MEMBER PRESENCE	OPEN HAND STRIKE	ELBOW STRIKE	KNEE STRIKE	FIREARM																								
VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON WAUTHORIZATION <input type="checkbox"/> OTHER _____	TAKE DOWN / EMERGENCY HANDCLIPPING <input type="checkbox"/> OC/CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input checked="" type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____	CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER _____	KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>	OTHER _____																									
WEAPON DISCHARGE INCIDENT 5 <input type="checkbox"/>	37. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) [REDACTED]																												
	40. ADDITIONAL INFORMATION [REDACTED]																												
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:10%;">POSITION</th> <th style="width:10%;">STAR NO</th> <th style="width:10%;">UNIT</th> </tr> <tr> <td>[REDACTED]</td> <td>[REDACTED]</td> <td>[REDACTED]</td> </tr> </table>																		POSITION	STAR NO	UNIT	[REDACTED]	[REDACTED]	[REDACTED]					
	POSITION	STAR NO	UNIT																										
	[REDACTED]	[REDACTED]	[REDACTED]																										
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:10%;">41. WEAPON TYPE</th> <th style="width:10%;">42. INCIDENT OCCURRED</th> <th style="width:10%;">43. LIGHTING CONDITIONS</th> <th style="width:10%;">44. WEATHER CONDITIONS</th> </tr> <tr> <td><input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 03 SHOTGUN <input checked="" type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER</td> <td><input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors</td> <td><input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial</td> <td>CLEAR</td> </tr> </table>																		41. WEAPON TYPE	42. INCIDENT OCCURRED	43. LIGHTING CONDITIONS	44. WEATHER CONDITIONS	<input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 03 SHOTGUN <input checked="" type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER	<input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors	<input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial	CLEAR			
	41. WEAPON TYPE	42. INCIDENT OCCURRED	43. LIGHTING CONDITIONS	44. WEATHER CONDITIONS																									
	<input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 03 SHOTGUN <input checked="" type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER	<input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors	<input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial	CLEAR																									
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:10%;">45. MAKE/MANUFACTURER</th> <th style="width:10%;">46. MODEL</th> <th style="width:10%;">47. BARREL LENGTH</th> <th style="width:10%;">48. CALIBER/GAUGE</th> </tr> <tr> <td>[REDACTED]</td> <td>[REDACTED]</td> <td>[REDACTED]</td> <td>[REDACTED]</td> </tr> </table>																		45. MAKE/MANUFACTURER	46. MODEL	47. BARREL LENGTH	48. CALIBER/GAUGE	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]			
	45. MAKE/MANUFACTURER	46. MODEL	47. BARREL LENGTH	48. CALIBER/GAUGE																									
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]																										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:10%;">49. TASER DART ID NO</th> <th style="width:10%;">50. WEAPON SERIAL NO. (Include Letters)</th> <th style="width:10%;">51. CHICAGO GUN REG. NO.</th> <th style="width:10%;">52. IL FIREARM OWNER ID NO.</th> <th style="width:10%;">53. HANDGUN CERTIFICATE NO.</th> </tr> <tr> <td>C31000CDK</td> <td>[REDACTED]</td> <td>[REDACTED]</td> <td>[REDACTED]</td> <td>[REDACTED]</td> </tr> </table>																		49. TASER DART ID NO	50. WEAPON SERIAL NO. (Include Letters)	51. CHICAGO GUN REG. NO.	52. IL FIREARM OWNER ID NO.	53. HANDGUN CERTIFICATE NO.	C31000CDK	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]		
49. TASER DART ID NO	50. WEAPON SERIAL NO. (Include Letters)	51. CHICAGO GUN REG. NO.	52. IL FIREARM OWNER ID NO.	53. HANDGUN CERTIFICATE NO.																									
C31000CDK	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]																									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:10%;">54. SPECIAL WEAPON CERTIFICATE NO</th> <th style="width:10%;">55. PROPERTY INVENTORY NO</th> <th style="width:10%;">56. TYPE OF AMMUNITION USED</th> <th style="width:10%;">57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER</th> <th style="width:10%;">58. TOTAL NO. OF SHOTS MEMBER FIRED</th> </tr> <tr> <td>[REDACTED]</td> <td>[REDACTED]</td> <td>[REDACTED]</td> <td>1</td> <td>[REDACTED]</td> </tr> </table>																		54. SPECIAL WEAPON CERTIFICATE NO	55. PROPERTY INVENTORY NO	56. TYPE OF AMMUNITION USED	57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER	58. TOTAL NO. OF SHOTS MEMBER FIRED	[REDACTED]	[REDACTED]	[REDACTED]	1	[REDACTED]		
54. SPECIAL WEAPON CERTIFICATE NO	55. PROPERTY INVENTORY NO	56. TYPE OF AMMUNITION USED	57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER	58. TOTAL NO. OF SHOTS MEMBER FIRED																									
[REDACTED]	[REDACTED]	[REDACTED]	1	[REDACTED]																									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:10%;">59. WHO FIRED FIRST SHOT</th> <th style="width:10%;">60. WAS FIREARM RELOADED DURING INCIDENT</th> <th style="width:10%;">61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED</th> <th style="width:10%;">62. HOW WAS MEMBER'S HANDGUN WORN</th> <th style="width:10%;">63. DID MEMBER USE SIGHTS</th> </tr> <tr> <td><input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify)</td> <td><input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO</td> <td>[REDACTED]</td> <td><input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)</td> <td><input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO</td> </tr> </table>																		59. WHO FIRED FIRST SHOT	60. WAS FIREARM RELOADED DURING INCIDENT	61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED	62. HOW WAS MEMBER'S HANDGUN WORN	63. DID MEMBER USE SIGHTS	<input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify)	<input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	[REDACTED]	<input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)	<input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		
59. WHO FIRED FIRST SHOT	60. WAS FIREARM RELOADED DURING INCIDENT	61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED	62. HOW WAS MEMBER'S HANDGUN WORN	63. DID MEMBER USE SIGHTS																									
<input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify)	<input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	[REDACTED]	<input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)	<input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO																									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:10%;">64. HOW WAS MEMBER'S HANDGUN DRAWN</th> <th style="width:10%;">65. SPECIFY METHOD/EQUIPMENT USED TO RELOAD</th> <th style="width:10%;">66. DID MEMBER USE SIGHTS</th> </tr> <tr> <td><input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)</td> <td>[REDACTED]</td> <td><input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO</td> </tr> </table>																		64. HOW WAS MEMBER'S HANDGUN DRAWN	65. SPECIFY METHOD/EQUIPMENT USED TO RELOAD	66. DID MEMBER USE SIGHTS	<input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)	[REDACTED]	<input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO						
64. HOW WAS MEMBER'S HANDGUN DRAWN	65. SPECIFY METHOD/EQUIPMENT USED TO RELOAD	66. DID MEMBER USE SIGHTS																											
<input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)	[REDACTED]	<input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:10%;">67. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)</th> <th style="width:10%;">68. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED</th> </tr> <tr> <td>[REDACTED]</td> <td><input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.</td> </tr> </table>																		67. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)	68. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED	[REDACTED]	<input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.								
67. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)	68. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED																												
[REDACTED]	<input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.																												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:10%;">69. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON</th> <th style="width:10%;">70. POSITION OF MEMBER DISCHARGING WEAPON</th> </tr> <tr> <td><input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN</td> <td><input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)</td> </tr> </table>																		69. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON	70. POSITION OF MEMBER DISCHARGING WEAPON	<input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN	<input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)								
69. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON	70. POSITION OF MEMBER DISCHARGING WEAPON																												
<input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN	<input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)																												
CASE INFO. 6 <input type="checkbox"/>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:10%;">71. NOTIFICATIONS (OC OR TASER INCIDENT):</th> <th style="width:10%;">72. NOTIFICATIONS (FIREARM INCIDENT):</th> </tr> <tr> <td><input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR.</td> <td><input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV.</td> </tr> </table>																		71. NOTIFICATIONS (OC OR TASER INCIDENT):	72. NOTIFICATIONS (FIREARM INCIDENT):	<input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR.	<input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV.							
	71. NOTIFICATIONS (OC OR TASER INCIDENT):	72. NOTIFICATIONS (FIREARM INCIDENT):																											
<input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR.	<input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV.																												
Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.																													
SIGNATURES 7 <input type="checkbox"/>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:10%;">73. REPORTING MEMBER (Print Name)</th> <th style="width:10%;">STAR/EMPLOYEE NO.</th> <th style="width:10%;">SIGNATURE</th> </tr> <tr> <td>NORMAND, MATTHEW I</td> <td>5722</td> <td>[REDACTED]</td> </tr> </table>																		73. REPORTING MEMBER (Print Name)	STAR/EMPLOYEE NO.	SIGNATURE	NORMAND, MATTHEW I	5722	[REDACTED]					
	73. REPORTING MEMBER (Print Name)	STAR/EMPLOYEE NO.	SIGNATURE																										
NORMAND, MATTHEW I	5722	[REDACTED]																											
74. REVIEWING SUPERVISOR (Print Name) SCHNIER, BRIAN T																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:10%;">STAR NO</th> <th style="width:10%;">SIGNATURE</th> <th style="width:10%;">DATE REVIEWED</th> <th style="width:10%;">TIME</th> </tr> <tr> <td>1273</td> <td>[REDACTED]</td> <td>07-JUL-2012 23:21:04</td> <td></td> </tr> </table>																		STAR NO	SIGNATURE	DATE REVIEWED	TIME	1273	[REDACTED]	07-JUL-2012 23:21:04					
STAR NO	SIGNATURE	DATE REVIEWED	TIME																										
1273	[REDACTED]	07-JUL-2012 23:21:04																											

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE AOS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSEER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2

76 SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA☐ REFUSED☐ UNABLE TO INTERVIEW (Specify Reason)

Subject refused to awake to be interviewed.

77 WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

The Officer followed all directives and procedures along with all state and local laws.

77 WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIREDLOG NO./CRNO 1055351 OBTAINED

78 WATCH COMMANDER/OCIC (Print Name)

KINGSLEY, DALE R

SIGNATURE

DATE COMPLETED TIME

07-JUL-2012 23:44:59

79 DISTRIBUTION OF ORIGINAL TRR.

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

☐ CASE REPORT☐ ARREST REPORT☐ SUPPLEMENTARY REPORT☐ OFFICER BATTERY REPORT☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)☐ I.O.D. REPORT☐ CR SITUATION REPORT

80. TOTAL TRR'S THIS EVENT NO.

1